

Well #3

County: Bolivar  
 Permit #: GW 40925  
 Driller: Mike Wells  
 Date drilling completed: 3-14-06

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-155  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work unit filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Pemble Farms</u>	Latitude: <u>33° 48' 36"</u> Longitude: <u>90° 45' 19"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Location (circle one): Conventional Survey, USGS quad, Handheld GPS, Survey-grade GPS
<u>Merigold MS 38759</u> City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>31</u> Twp <u>23N</u> Rng <u>5W</u>
Telephone No. <u>(662) 721-7734</u>	Distance <u>3</u> Miles Direction <u>SW</u> of Nearest Town <u>Merigold</u>

**Well / Borehole Data**

Date drilling started: 3-14-06 Date drilling completed: 3-14-06 Hole depth: 123' Hole diameter: 16"

Location of the source of any surface water used for drilling: None used

Method of dosing and volume of Chlorine used in drilling and development: 10lb in pit

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 3-14-06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 123' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 73 feet to 123 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of tap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

MAR-16-2006 16:20 From: MID SOUTH WATER

6628431717

To: 360 0535

P.6/7

Well #3  
GW40925

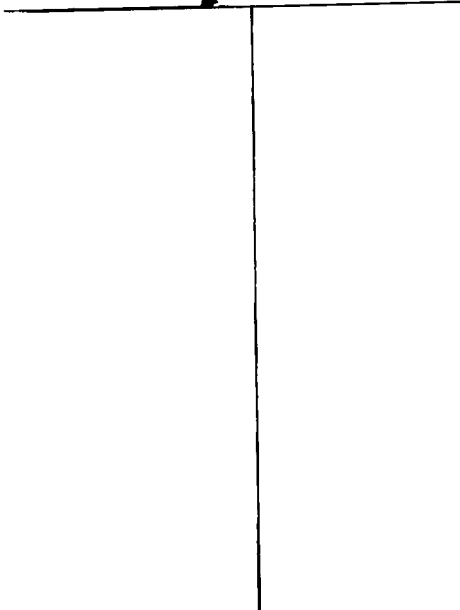
H-155

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

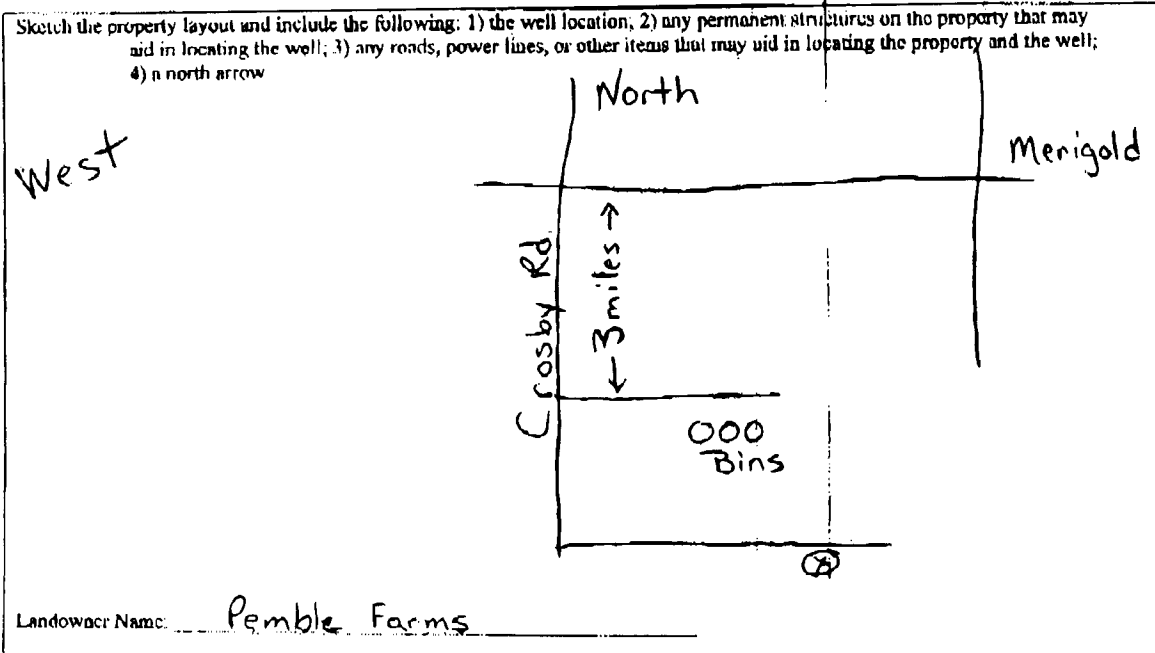
If well telescopes, show depths on sketch.

Ground Level 



Description of Formations Encountered	From (depth) To (depth)	
	(ground Level)	
Clay & Fine Sand	0	13
Fine Sand	13	33
Medium Sand	33	58
Course Sand	58	68
Course Sand & Gravel	68	123

If more than one screen, show location of each on sketch

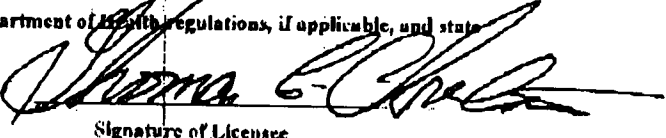


Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Thomas G. Christman 0-703

Date 3-16-06

Signature of Licensee 

MAR-16-2006 16:20 From: MID SOUTH WATER 6628431717 To: 360 0535 P. 7/7

Well #3

**STATE WELL REPORT**

County: Bolivar  
 Permit #: GW40925  
 Driller: Mike Wells  
 Date completed: 3-14-06  
*Copy information from block on Part 1*

**Part 2**  
**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P O Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-155  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Pemble Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Merigold, MS 38759</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 30 T23N R5W</u>
Telephone No. <u>(662) 721-7734</u>	Distance Direction Nearest Town <u>3 Miles SW of Merigold</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <b>Turbine</b> <input checked="" type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-15-06</u>	Setting Depth: <u>70</u> foot
Rated Pump Capacity <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not tested</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>43</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Thomas G. Christman 0-703  
 Print Name of Pump Installer and License No. (if applicable) *Thomas G. Christman*  
 Signature of Pump Installer